ΠL	ED JUN 9	1959 _{Registration Dist}	STA	NDARD CERTIFICA			_	17652 2089	
1	. PLACE OF DEAT a. COUNTY	H VACKSON		2. USUAL RESIDENCE		Where deceased lived. If institution: Residence before SOURI b. COUNTY JACKSON MISSION			
	b. CITY (If ourside corporate limits, give TOWNSHI OR TOWN KANSAS CITY c. FULL NAME OF (If NOT in hospital, give location HOSPITAL OR INSTITUTION VA HOSPITAL			nly) Inside Limits Yes X No	CCITY OR OR TOWN KANSAS CITY			Inside Limits Yes 🔀 No 🗍	
				Length of stay in 1b	Ba 9. STREET ADDRESS	(If outside, g	ive location)	Reside on Farm Yes No	
3	. NAME OF DECEA (Type or print)	SED First PAUL		Middle NONE	Lost CLEARY	4. DATE OF DEATH	Month APRIL	26. 1959	
5	MALE 0	6. COLOR OR RACE WHITE	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 7-13-04	9. AGE (In ye		Days Hours M	
10 a		ON (Give kind of work doneing life, even if retired)	106. KIND O INDUST	F BUSINESS OR	11. BIRTHPLACE (City and state KANSAS CITY	e or country)	~1	ZEN OF WHAT COUNTR	
130	30. FATHER'S NAME		13	b. MOTHER'S MAIDEN NA	ME	14, NAME OF HU	14. NAME OF HUSBAND OR WIFE		
_	MARTIN J. CLEARY			MARY HOFF			ARTHA J.		
15 (Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no. or unknown) (If yes, pive wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 487-03-1571 Official Recrods VA Hospital K.C. Mo.								
z	Conditions, if any, which gave rise to obove cause (a), starting the underlying cause last. DUE TO (b) Carcinoma of esophagus D/3rd DUE TO (c)								
FICATIO			TIONS CONTE	RIBUTING TO DEATH bos r	not related to the terminal disease		ART I (0)	19. WAS AUTOPSY PERFORMED? YES T NO	
L CERTI	20a. ACCIDENT	SUICIDE HOMICIDE	URRED. (Enter nature of injur	y in PART I or PA	RT II of item	18.)			
MEDICA	INJURY a	our Month, Day, Year .m. .m.	_			•			
-	20d. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK 20e. PLACE OF INJURY (e.g., in or about home, form, factory, street, office bldg., etc.)								
	24 attended the deceased from April 2, 1959, to April 26, 1959 and the best of my knowledge, from the causes stated.								
	220. SIGNATUREA	RDRW J. HANI	DOJJEH	I'm o	VA Hospital,	K.C., Mo.		22c. DATE SIGNED	
4	BURIAL, CREMATIO	N. 236. DATE		AME OF CEMETERY OR	t 1	CATION (City, town	e Ci	(State) 4 7110	
24	FUNERAL DIRECTO	ntin Be	DDRESS	Kem 25. 0.	ATE RECD. BY LOCAL REG.	26. REGISTRAR'S S	IGNATURE	inskall	

STATEMENT BY LICENSED EMBALMER

i hereby certify that the body whose hame is	recorded on the reverse side of this certificate was embe
by me, or by	, Student Embalmer No
working under my personal supervision.	Signey Konard Passantin
Signature of Student Embalmer	Licensed Embalmer Not 55
	16cma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failute comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If embalmed by a STUDENT, he also shall sign in his OWN handwritin If this body is not embalmed, fact should be so stated above.